

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**101814749**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		/				
2							52		/				
3							53	/	/				
4				/			54		/				
5							55		/				
6							56		/				
7							57		/				
8							58		/				
9							59		/				
10							60		/				
11							61		/				
12							62		/				
13							63		/				
14				/			64		/				
15				/			65		/				
16							66		/				
17							67		/				
18				/			68		/				
19				/			69		/				
20				/			70		/				
21				/			71		/				
22				/			72		/				
23							73		/				
24							74		/				
25							75		/				
26							76		/				
27							77		/				
28							78		/				
29				/			79		/				
30				/			80		/				
31							81		/				
32							82		/				
33							83		/				
34				/			84		/				
35							85		/				
36				/			86		/				
37							87		/				
38							88		/				
39							89		/				
40				/			90		/				
41							91		/				
42							92		/				
43							93		/				
44							94		/				
45							95		/				
46							96		/				
47							97		/				
48							98		/				
49							99		/				
50							100		/				
TOTAL IND.							TOTAL IND.	2					
TOTAL DEP.							TOTAL DEP.	39					
TOTAL CLAIMS							TOTAL CLAIMS	34					